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\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 05/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <del>24</del> 32	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>SA</i>				

**ADDRESS**  
 022913

**TITLE**  
 Forward-only evaluation for XPATH inverse query processing

<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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